

Return to Work Incentives



Creating a Return-to-Work Culture

- Reimbursements:
 - The Stay at Work Program
 - The Preferred Worker Program

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Return to Work Incentives



How / When to Implement Return-to-Work

“Return-to-Work” Program

A written proactive process designed to assist employers return injured or ill employees to medically approved productive work.

Policy & Procedures

Written procedures to follow after injury or illness

- Report all incidents immediately and to whom
- Communication with worker
- Communication with Health Care Provider
- Offer the worker Light Duty
- Bona Fide Offer of Employment (in writing)
- Maintain communication after return to work



Employer & Worker Information



Essential Task Duties



Physical Demands



Healthcare Provider Approval



Department of Labor and Industries
Physician Billing codes
Review of Job Analysis and Job Description
1038M-Limit one per day
1028M-Each additional review, up to five per worker per day



EMPLOYER'S JOB DESCRIPTION

☐ Job of Injury ☐ Permanent Modified Job
☐ Light duty/Transitional

| | | |
|-------------------------|-----------------|---------------|
| Job Title | Claim # | |
| Employer | Claimant | |
| Phone # | Date | |
| Completed by | Title | |
| Employer (Please print) | Days per week | Hours per day |
| Employer Signature | Location of Job | |

| |
|----------------------|
| Essential Job Duties |
|----------------------|

| |
|---|
| Machinery, tools, equipment and personal protective equipment. (Please submit MSDS if appropriate.) |
|---|

Frequency Guidelines
N: Never (not at all) S: Seldom (1-10% of the time) O: Occasional (11-33% of the time)
F: Frequent (34%-66% of the time) C: Constant (67%-100% of the time)

| Physical Demands | Frequency | Description of Task (Please limit to 55 characters) |
|--------------------------|-----------|---|
| Sitting | | |
| Standing | | |
| Walking | | |
| Driving | | |
| Lifting: ()lb. | | |
| Carrying: ()lb. | | |
| Pushing/Pulling: ()lb. | | |
| Climbing Stairs/Ladders | | |
| Bending | | |
| Twisting at Waist | | |
| Kneeling | | |
| Crouching | | |
| Crawling | | |
| Squatting | | |
| Reaching Out | | |
| Reaching above Shoulder | | |
| Repetitive Motion | | |
| Handling/Grasping | | |
| Fine Finger Manipulation | | |
| Comments/Other | | |

| | |
|---|--|
| FOR PHYSICIAN USE ONLY | |
| Physician Approval <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hours per week _____ |
| If no, please provide objective medical documentation to support your decision: | |

| | | |
|----------------------|---------------------|----------------|
| Effective Date _____ | | |
| Date | Physician Signature | Physician Name |

F252-040-000 employer's job description 12-2012

Index: VOC



Activity Prescription Form (APF)

State Fund Claims: Dept. of Labor and Industries - Claims Section
PO Box 44291, Olympia WA 98504-4291
Self-Insured Claims: Contact the Self Insured Employer (SIE)
Third Party Administrator (TPA)*



INSURER ACTIVITY PRESCRIPTION FORM (APF)
Billing Code: 1073M (Guidance on back)
Reminder: Send chart notes and reports to L&I or to SIE/TPA as usual

| | | | |
|---|---|-----------------|---------------|
| General Info | Worker's Name: | Visit Date: | Claim Number: |
| | Health-care Provider's Name (printed): | Date of Injury: | Diagnosis: |
| Released for work? Check at least one | <input type="checkbox"/> Worker is released to the job of injury without restrictions as of (date): ____/____/____. Skip to "Plans" section below. | | |
| | <input type="checkbox"/> Worker may perform modified duty, if available, from (date): ____/____/____ to ____/____/____. <input type="checkbox"/> Worker may work limited hours: ____ hours/day from (date): ____/____/____ to ____/____/____. <input type="checkbox"/> Worker is working modified duty or limited hours. Please estimate capacities below and provide key objective findings at right. | | |
| Required: Check at least one | <input type="checkbox"/> Worker not released to any work from (date): ____/____/____ to ____/____/____. <input type="checkbox"/> Prognosis poor for return to work at the job of injury at any date. <input type="checkbox"/> May need assistance returning to work. Capacities apply 24/7, please estimate capacities below and provide key objective findings at right. | | |
| | Capacity duration (estimate days): <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 30+ <input type="checkbox"/> permanent | | |
| Required: Estimate what the worker can do Unless released to JOI | Other Restrictions / Instructions: | | |
| | Employer Notified of Capacities? <input type="checkbox"/> Yes <input type="checkbox"/> No Modified duty available? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of contact: ____/____/____ Name of contact: _____ Notes: _____ | | |
| Required: Plans | Note to Claim Manager: | | |
| | New diagnosis: _____ Opioids prescribed for: <input type="checkbox"/> Acute pain or <input type="checkbox"/> Chronic pain | | |
| Sign | Signature (Required): _____ () _____ Date: ____/____/____ <input type="checkbox"/> Doctor <input type="checkbox"/> ARNP <input type="checkbox"/> PA-C <input type="checkbox"/> Copy of APF given to worker <input type="checkbox"/> Talking points (on back) discussed with worker | | |

State Fund Claims: Fax to claim file. Choose any number: 360-902-4292 360-902-4565 360-902-4566 360-902-4567
360-902-5230 360-902-6100 360-902-6252 360-902-6460

*Self-Insured Claims: For a list of SIE/TPAs, go to: www.Lni.wa.gov/Catalog/Insurance/Insurance/Find/FindEmos/Default.asp

F242-385-000 Insurer Activity Prescription Form (APF)

07-2009

APF



Release Dates
Medical Information



Restriction Information

Return to Work Incentives



Why Implement a Return-to-Work Program

- Injured workers who are off longer than 6 months have only a 50% chance of ever returning to their job.*
- Compensable claims on average cost 37x more than non-compensable claims. **
- Nationally, compensable claims on average cost 44x more than non-compensable claims. ***

Source: *Defense Civilian Personnel Advisory Service

**WA State Department of Labor & Industries.

***National Council for Compensation Insurance

Return to Work Incentives



Health effects of “Worklessness”:

- 2-3 times the risk of poor health
- 2-3 times the risk of mental illness
- Significant increased risk of depression
- Significant increase in overall mortality rate

Long term “worklessness” carries more risk to health than many “killer diseases” and more risk than most dangerous jobs. (e.g. construction, working on an oil rig)

Source: Journal of Insurance Medicine

The Golden Rule

**You don't get injured workers
well to put them back to work,
you put them back to work
to get them well.**

*Richard Pimentel
Milt Wright & Associates*

Return to Work Incentives



Where is Light Duty found?

- What tasks are not being performed now?
- What tasks are performed occasionally?
- What tasks, if done by injured worker, would free other employees to do their jobs more efficiently?
- INCLUDE EMPLOYEES IN DEVELOPMENT!
- Job Accommodation Network
www.askjan.org



Return to Work Incentives



What is the Stay at Work Program?

A legislatively mandated (EHB 2123) program providing financial incentives for ***State Fund Employers*** providing light duty or transitional work to employees recovering from on-the-job injuries.

RCW: 51.32.090

WAC: 296-16A

Return to Work Incentives



Wage Reimbursement

Pays

- 50% of base wage
- Excluding tips, commissions, bonuses, board, housing, fuel, health care, dental care, vision care, per diem, reimbursement for work-related expenses or any other payments.
- Includes shift differential and overtime.

For

- Up to 66 days actually worked (not necessarily consecutive)
- **Or** up to \$10,000 per claim (whichever comes first.)
- 24-month period per claim

And

- Employer has 1 year to apply from first day of light duty or transitional work
- Reimbursements are per claim

Return to Work Incentives



Training Reimbursement - \$1,000

**Training necessary for the
light duty or transitional work**

- Tuition
- Books
- Fees
- Other necessary materials



Return to Work Incentives



Tool & Equipment - \$2,500

Tools and equipment become the property of the employer



Return to Work Incentives



Clothing - \$400

Becomes property of the worker





The Stay at Work Webpage

www.stayatwork.lni.wa.gov



Return to Work Incentives



Preferred Worker Program

- Effective January 2016, new incentives are available under the Preferred Worker Program to better support both workers and employers in their efforts to employ those with permanent disabilities from job-related injuries.

Return to Work Incentives



Employer Benefits – Financial Protection

- If you employ a preferred worker who is injured on the job or diagnosed with an occupational disease during the preferred worker certification period, L&I will pay the costs of the new claim with no direct cost or penalty to you.

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Preferred Worker Program

New Incentives Effective 1/1/2016

Eligible Employers, State Fund or Self Insured, may be reimbursed *(for)*

- Fifty (50%) of basic gross wages paid for hours worked
 - 66 days / \$10,000 within 24 month period
- Clothing necessary to perform job
 - Up to \$400
- Tools and Equipment necessary to perform job
 - Up to \$2,500

Return to Work Incentives



Preferred Worker Program

New Incentives Effective 1/1/2016

“Continuous Employment” Incentive

- Employer continuously employs worker for 12 consecutive months without reduction in base wages
- Maintains same work pattern as medically approved job
 - The 12 months begins on first date of employment

Return to Work Incentives



Preferred Worker Program

Employer Benefits

One time Payment: The LESSER amount
10% of workers wages *(OR)* \$10,000

All Documentation must be submitted within one (1) year of the date the
12 months ended

Comparison of Job Modification/Stay at Work/Preferred Worker

| Question | Job Modification Per Job/Work Site | Stay at Work Per Claim | Preferred Worker Per Certification Period |
|---|--|---|--|
| What is the maximum benefit? | \$5,000 | <ul style="list-style-type: none"> \$2,500 for tools and equipment \$1,000 for tuition, books, training materials \$400 for special clothing | <ul style="list-style-type: none"> \$2,500 for tools and equipment \$400 for special clothing |
| Wage Reimbursement? | No | Yes, Up to \$10,000 for up to 66 days within one consecutive 24-month period | Yes, Up to \$10,000 for up to 66 days within one consecutive 24-month period |
| What types of jobs qualify? | Job of Injury, Light Duty/Transitional Job, New Job, Employer of Injury, New Employer, Self-Employment | Transitional or light duty job and only with the Employer of Injury | Job with lasting employment that is significantly different than the job of injury. Self-employment not eligible. |
| Is Pre-Approval required? | Yes | No | Yes – for the job No – for equipment/clothing after the job is approved. |
| Is the cost of a private consultation covered? | Yes, for state fund claims | No | No |
| How are the eligibility criteria similar? | <ul style="list-style-type: none"> Request is related to the accepted condition(s) on the claim Items needed are specific to the worker's restrictions | | |
| Is the worker required to be off work to qualify? | Yes, The worker is off work with time loss and/or loss of earning power paid or eligible to be off work at some point in the claim and was kept on salary by employer. | No. Worker must be medically certified as unable to do the job of injury even if they have not actually missed any work. | No. Worker must be medically certified as unable to do the job of injury even if they have not actually missed any work. |
| Funding Source? | Second Injury Fund | Stay at Work Fund | Second Injury Fund |
| Available to self-insured claims? | Yes, as a reimbursement | No | No |
| Are competitive bids required? | Yes. One bid is needed. If the cost of a single item is over \$2,500, 2 bids are necessary. | No | No |
| Who decides what vendor to use? | L&I | The employer | The employer |
| Is an ownership agreement form required? | Yes. The worker and employer agree who will be the owner of the equipment upon successful return to work. Typically portable items will be owned by the worker. | No. The employer will own the equipment, tools, and training material. The worker owns the clothing. | No. The employer will own the equipment and tools. The worker owns the clothing. |
| Can all three benefits be accessed? | Yes | | |

Injury & Cost Prevention Profile



Injury and Cost Profile *for*

Company Name

Questions? Call your Risk Manager

Risk Manager

Phone Number

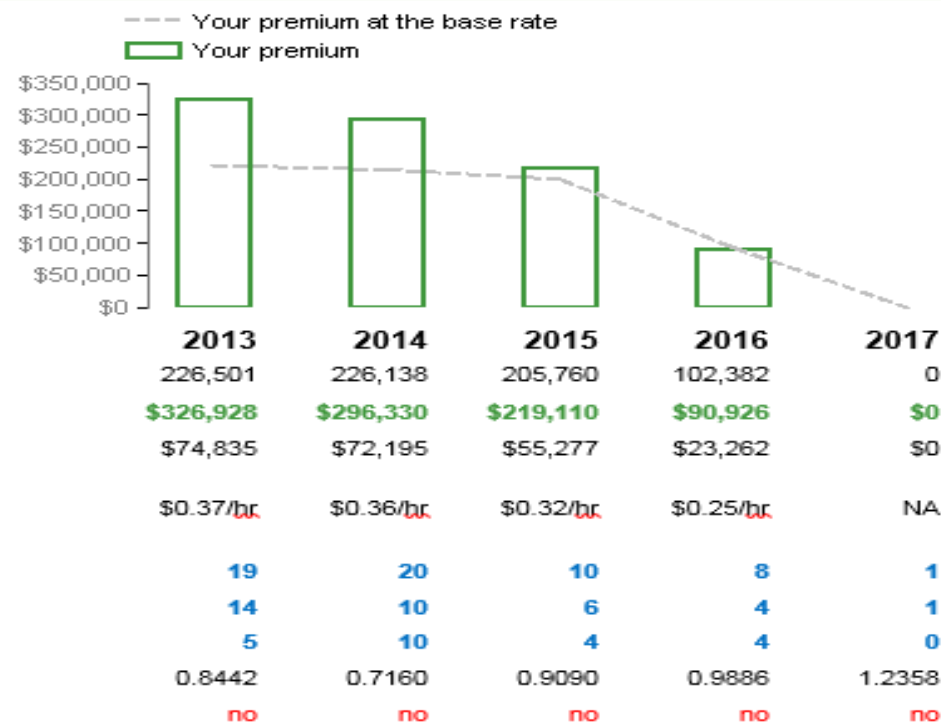
Account ID:

See how your injury claims affect your premiums. Compare your injuries with what's typical for your industry. Then take steps to make your workplace even safer – *and* control your workers' compensation cost. Contact us!

Your 5-year history of premiums and injury claims

You paid **\$203,514** over the base premium rate during this entire 5-year period.

High claim costs will negatively affect your experience factor and increases your overall insurance premiums.



Calendar year

Hours you reported

Your premium

Payroll deduction

(employee share)

Employee rate for class 6108

Nursing Homes (97 % of your total premium)

Claims

- Medical Only

- Time-loss or disability claim

Experience Factor

Claim-Free Discount?

Return to Work Incentives



Visit our website at:

www.stayatwork.lni.wa.gov

E-mail the Stay at Work Unit at:

stayatwork@lni.wa.gov

Call the Stay at Work Unit at:

1-866-406-2482 or 360-902-4411



Return to Work Incentives



Visit our website at:

www.Lni.wa.gov/PreferredWorker

E-mail:

PrefWorkerProg@Lni.wa.gov

Call the Preferred Worker Unit at:

1-800-845-2634

